

1996, 1999, 2002, 2005, 2008, and 2011 to show changes over time among 25-79 year olds in selected health behavior risk factors (smoking, obesity, exercise, dietary practices, stress, health beliefs), use of selected CAM modalities, and IT access; age and race-ethnic differences in health risk factors and CAM use; and age-related differences in IT access and preferences for IT-based health education. More information about the survey and survey results can be found at www.memberhealthsurvey.kaiser.org. **Conclusions:** Data and statistics from KPNC Member Health Surveys can be useful for researchers and administrators both within and outside KPNC for research and service planning.

Keywords: Member Population Health; Health Risk Behaviors; IT Access and Preferences

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PS3-39:

What Are Seniors Doing to Promote Healthy Aging?

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Background/Aims: We describe the percentages of seniors taking health actions to promote healthy aging; how well they are achieving recommended goals; and whether healthcare provider advice influences behavior. **Methods:** We analyzed weighted self-report survey data for approximately 6600 respondents aged 65+ to the 2011 Kaiser Permanente Northern California Member Health Survey. **Results:** Differences noted are significant at $P < .05$: (1) 73% (77%W, 68%M) try to eat mostly healthy foods. Those who try are more likely to eat 3+ servings of fruit/vegetables per day (64%W, 45%M vs. 35%W, 24%M), but <1/4 (23%W, 15%M) consume 5+ servings. “Triers” are more likely to report most of the time trying to eat reduced fat foods (65% vs. 29%) and avoiding foods high in salt/sodium (75% vs. 40%), and also more likely to read food labels/recipes (70%W, 57%M vs. 28%W, 16%M). (2) 55% (51%W, 59%M) try to exercise most days (44% moderate exercise, 11% nonaerobic walks). Effort to get daily exercise declines with age. Most (90%) who try report exercising 3+ times/week (vs. 33% of “nontriers”), but only 53% of “triers” (56%M, 49%W) exercise 5+ times/week. (3) 51% of overweight seniors are trying to lose weight/maintain weight loss. (4) 39% (46%W, 30%M) and 57% (62%W, 50%M) of those at high risk (recent fall history or balance/gait problem) are taking actions to reduce risk of falling. (5) 65% try to get enough sleep. (6) “Triers” are more likely to report getting advice about diet (67% vs. 58%), losing weight (66% vs. 45%), reducing fall risk (83% vs. 43%), and getting enough sleep (82% vs. 64%). (7) 71% do activities to keep their brain stimulated; 63% visit people at least once a week, and 64% do enjoyable activities at least once a week, but this declines with age. (8) 47% of seniors take low-dose aspirin for CVD prevention. **Conclusions:** Large percentages of seniors are trying to engage in health protective behaviors, but many who are trying are falling short of recommended health behavior goals. Healthcare provider advice appears to influence patient motivation, supporting the utility of health behavior assessment and wellness counseling for seniors.

Keywords: Healthy Living; Senior Health Promotion; Prevention

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PS3-41:

The Role of Health Literacy on Medication Adherence After Discharge Among Medical Aid Program Members

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Background/Aims: Low income and inadequate health literacy are independently associated with hospital readmission, a situation exacerbated by factors such as medication errors or non-adherence. The objectives of this study were to describe health literacy in a population of adult patients covered by medical aid programs, to test its impact on medication adherence, and to explore the role of depressive symptoms on adherence. **Methods:** Ninety patients who had been hospitalized at Scott & White Memorial Hospital participated in the study. Within 15 days of discharge, participants completed an in-person cross-sectional survey, on health literacy (REALM-SF), medication adherence (Morisky 4-item), depressive symptoms (CES-

D), demographics, and other psychosocial measures. Chi square was applied to test for differences in medication adherence by health literacy score and by depression score. Health literacy scores were categorized by grade equivalents of \leq grade 6 (0-3 points), 7th- 8th grade (4-6 points), and high school or above (7 points). Depressive symptom scores were categorized as below or above a cut-off of 16 points (higher = more symptoms). Medication adherence scores were categorized as low (0-1 points), medium (2-3 points), or high (4 points).

Results: The majority of participants were women (62.2%) with a mean age of 50.4 (SD = 13.5). Fifty-four percent scored a grade equivalent of high school or above, thirty percent scored a 7th to 8th grade equivalent, and 15.6% scored equivalent to 6th grade or lower. Medication adherence did not differ across REALM-SF categories ($\chi^2 = 4.97$, $df = 4$, $P = .29$) or by CES-D categories ($\chi^2 = 1.79$, $df = 2$, $P = .41$). **Conclusions:** Health literacy scores varied in this sample of medical aid program members recently discharged from the hospital; 15% had scores indicating they may struggle with most patient education material. However, health literacy level was not associated with degree of medication adherence after discharge. Planned next steps in this study are to explore the role of motivation and other individual characteristics on medication adherence and other self-care behaviors. Improved understanding of experiences and behaviors following hospital discharge will aid in the tailoring of interventions to reduce avoidable readmissions for persons receiving medical aid.

Keywords: Medication Adherence; Low-Income Populations

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PS3-42:

Health Literacy and Cancer Prevention: It's Not What You Say It's What They Hear

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Background/Aims: A growing body of literature documents the relationship between health literacy and important health behaviors and outcomes. Most research to date has focused on print literacy—few studies have examined literacy with respect to spoken information (“spoken health literacy”). We sought to examine the extent to which responses to physician advice about cancer prevention and screening were associated with spoken health literacy. **Methods:** Participants listened to 3 simulated physician-patient discussions addressing: 1) Prostate Specific Antigen (PSA) testing; 2) tamoxifen for breast cancer prevention; and 3) colorectal cancer (CRC) screening. The physician provided information on risks and benefits but did not endorse one course of action. Post-vignette questions assessed understanding and reactions to the physician’s advice. Participants had previously completed the Cancer Message Literacy Test-Listening (CMLT-L), a measure of spoken health literacy. Bivariate analyses examined the relationship between CMLT-L scores and comprehension, attitudes, and behavioral intentions. **Results:** Four hundred thirty-eight adults from 3 HMORN sites participated. Comprehension: Post-vignette comprehension scores were correlated with CMLT-L scores ($r = 0.62$, $P < .001$) and those scoring in the lowest CMLT-L quartile scored significantly lower on the vignette-specific comprehension scales ($P < .001$). Attitudes: Participants scoring in the lowest CMLT-L quartile were more likely to report their views had become more favorable on PSA testing ($P < .001$) and CRC screening ($P < .001$) as a result of the vignette. Behavioral intentions: Participants who scored in the lowest CMLT-L quartile expressed stronger intent than higher scoring participants to undergo PSA testing ($P = .028$) and to take tamoxifen for chemoprevention ($P = .017$). **Conclusions:** The ability to understand spoken information is a critical component of health literacy. In this study, spoken health literacy influenced patients’ comprehension of, and reaction to spoken health information provided by a physician. The findings that participants scoring in the lowest quartile on the CMLT-L were more likely to respond favorably to physician advice on cancer prevention but were less likely to comprehend content of the vignettes, may indicate that physician mention of a prevention